

Attorney Docket No. _____

DECLARATION FOR PATENT APPLICATION

☒ Original☐ Supplemental☐ Substitute☐ PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"RESPIRATOR MASK WITH HYGIENIC PROTECTION"

(Title of the Invention)

the specification of which (check one)

☒ is attached hereto

☐ was filed on _____ as U. S. Application Serial Number or PCT

International Application Number _____

and was amended _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified, by checking the box below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	YES	NO	YES	NO
03 05993	FRANCE	16/05/2003	x			

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below and claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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Parent Application Number	Filing Date	Status (Mark Appropriate Column Below)		
		Patented	Pending	Abandoned
PCT/FR04/01195	May 14, 2004		X	

As a named inventor, I hereby revoke all prior powers and appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

FIRM NAME: KILPATRICK STOCKTON LLP, 1100 Peachtree Street, Suite 2800, Atlanta, Georgia 30309-4530

Attorney and/or Agent	Registration No.
Charles Y. Lackey	22,707
John M. Harrington	25,592
John S. Pratt	29,476
James L. Ewing, IV	30,630
Roy D. Meredith	30,777
Charles W. Calkins	31,814
Michael D. Bednarek	32,329
Dale Curtis Hogue, Sr.	32,823
George T. Marcon	33,014
Dean W. Russell	33,452
Richard A. Clegg	33,485
Andrew Knowles	33,525

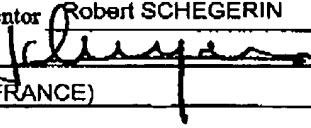
Attorney and/or Agent	Registration No.
Richard T. Peterson	35,320
Charles T. Simmons	35,359
Bruce D. Gray	35,799
Theodore R. Harper	35,890
Geoff L. Sutcliffe	36,348
George C. Beck	38,072
Marcus Delgado	38,122
Nagendra Setty	38,300
Nancy Talavera Wood	38,334
Mitchell G. Stockwell	39,389
Michael F. Labbee	39,738
Mitchell G. Weatherly	40,864

Send Correspondence to: John S. Pratt, Esq.
Kilpatrick Stockton LLP
1100 Peachtree Street, Suite 2800
Atlanta, Georgia 30309-4530

Direct telephone calls to: Dean W. Russell (404) 815-6528

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Robert SCHEGERINInventor's signature 

Date

November 6, 2005Residence Vélizy Cédex (FRANCE)Citizenship FrenchPost Office Address BP 20, 78142 Vélizy Cédex, FRANCE

Full name of second inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fourth inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fifth inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____